

# EDI TRANSACTION APPLICATION

(Providers and Clearinghouse/Vendors)

## 1. TRADING PARTNER INFORMATION

\* = required fields

Trading Partner Name\* \_\_\_\_\_  
Street Address 1\* \_\_\_\_\_  
Street Address 2\* \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_  
Zip\* \_\_\_\_\_  
Contact Name\* \_\_\_\_\_  
Telephone Number\* \_\_\_\_\_  
Office Fax Number\* \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Federal Tax ID/Social Security Number\* \_\_\_\_\_

### Trading Partner Type\*:

- Clearinghouse/Billing Service
- Software Vendor/Developer
- Dental Provider: please provide United Concordia Provider ID\* \_\_\_\_\_

## 2. REQUEST TYPE

- Assign a NEW Trading Partner Number
- Update existing Trading Partner - # \_\_\_\_\_ and Login \_\_\_\_\_

## 3. TRANSMISSION MODE/PROTOCOL

- Internet – File Transfer Protocol (FTP)

## 4. TRANSACTIONS (check all that apply)

- |                  |                                  |                                  |                                  |
|------------------|----------------------------------|----------------------------------|----------------------------------|
| <b>Batch</b>     | <input type="checkbox"/> 837 D/P | <input type="checkbox"/> 835     |                                  |
| <b>Real Time</b> | <input type="checkbox"/> 837 D/P | <input type="checkbox"/> 276/277 | <input type="checkbox"/> 270/271 |